

2nd Ilkeston (United Reformed) Scout Troop

Personal and Contact Details



Please return this form to a Leader when joining the Troop.

Surname:	Foreman:
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Gender: Male Female

Address:

Postcode:	Tel:	D.O.B:
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Alternative Address:

Postcode:	Alternative Tel:
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E-mail Address:

Medical Details

Doctors Name:	Doctors Tel:
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Doctors Address:

Special Needs, Medical Diet, Other

Background Details

Religion:	School:
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Child's Hobbies/Interests:

Parents/Carers Names:

Parents/Carers Hobbies/Interests:

We are always looking for parent helpers to enter our register for occasional help. Please tick below all that apply

We are/I am available to help with anything within the Troop.

We are/I am available to help with outing and visits.

We are/I am not available to help.

I am/not able to fill the Gift Aid Declaration form.

I have/not filled the activity consent form.